

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration  Form 2: STAFFING PROFILE	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number
<p><b>Note:</b> Allocate staff time by function among the staff positions listed. An individual's full-time equivalent (FTE) should not be duplicated across positions. For example, a provider serving as a part-time family physician and a part time medical director should be listed in each respective category, with the FTE percentage allocated to each position (e.g., CMO 0.3 (30%) FTE and family physician 0.7 (70%) FTE). Do not exceed 100% FTE for any individual. Refer to the <a href="#">2015 UDS manual</a> for position descriptions.</p>		
Staffing Positions by Major Service Category	Direct Hire FTEs	Contract/ Agreement FTEs
<b>Administration/Management</b>		
Executive Director/CEO		Yes <input type="checkbox"/> No <input type="checkbox"/>
Finance Director/Chief Fiscal Officer/CFO		Yes <input type="checkbox"/> No <input type="checkbox"/>
Chief Operating Officer/COO		Yes <input type="checkbox"/> No <input type="checkbox"/>
Chief Information Officer/CIO		Yes <input type="checkbox"/> No <input type="checkbox"/>
Clinical Director/Chief Medical Officer/CMO		Yes <input type="checkbox"/> No <input type="checkbox"/>
Administrative Support Staff		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Facility and Non-Clinical Support Staff</b>		
Fiscal and Billing Staff		Yes <input type="checkbox"/> No <input type="checkbox"/>
IT Staff		Yes <input type="checkbox"/> No <input type="checkbox"/>
Facility Staff		Yes <input type="checkbox"/> No <input type="checkbox"/>
Patient Support Staff		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Physicians</b>		
Family Physicians		Yes <input type="checkbox"/> No <input type="checkbox"/>
General Practitioners		Yes <input type="checkbox"/> No <input type="checkbox"/>
Internist		Yes <input type="checkbox"/> No <input type="checkbox"/>
Obstetrician/Gynecologist		Yes <input type="checkbox"/> No <input type="checkbox"/>
Pediatricians		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Specialty Physicians Please Specify:		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>NP, PA, and CNMs</b>		
Nurse Practitioners		Yes <input type="checkbox"/> No <input type="checkbox"/>
Physician Assistants		Yes <input type="checkbox"/> No <input type="checkbox"/>
Certified Nurse Midwives		Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Medical</b>		
Nurses		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other Medical Personnel (e.g. Medical Assistants, Nurse Aides)		Yes <input type="checkbox"/> No <input type="checkbox"/>

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Laboratory Personnel		Yes <input type="checkbox"/>	No <input type="checkbox"/>
X-Ray Personnel		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Dental Services</b>			
Dentists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dental Hygienists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Dental Assistants, Aides, Technicians		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Behavioral Health (Mental Health and Substance Abuse)</b>			
Psychiatrists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Clinical Psychologists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Licensed Clinical Social Workers		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Mental Health Staff Please Specify:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Licensed Mental Health Providers Please Specify:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Substance Abuse Providers		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Professional Services</b>			
Other Professional Health Services Staff Please Specify:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Vision Services</b>			
Ophthalmologists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Optometrists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other Vision Care Staff Please Specify:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Pharmacy</b>			
Pharmacy Personnel		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Enabling Services</b>			
Case Managers		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Patient/Community Education Specialists		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outreach Workers		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Transportation Staff		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Eligibility Assistance Workers		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Interpretation Staff		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Other Enabling Services Staff Please Specify:		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Other Programs and Services</b>			
Other Programs and Services Staff Please Specify:		<b>Yes</b> <input type="checkbox"/>	<b>No</b> <input type="checkbox"/>
<b>Total FTEs</b>			
Totals	<i>System Calculated</i>	N/A	N/A